Using Data to Improve Trauma-Informed Systems Change

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What Is Your Score on the ARTIC-10?

1. Complete the 10 ARTIC items.
2. Transfer your raw score (1 to 7) to the "Raw Score" column on back of the measure.
3. Copy your raw score to the "Adjusted Score" column on items 1, 3, 5, 7, and 10.
4. Subtract your raw score from 8 on items 2, 4, 6, 8, and 9.
5. Add up your "Adjusted Score" and divide by 10 to get your mean ARTIC score.
6. Determine your percentile rank. How did you do?

Traumatic Stress Institute: Mission

The Traumatic Stress Institute fosters the transformation of organizations and service systems to trauma-informed care (TIC) through the delivery of whole-system consultation, training, coaching, and research.
Initial Staff Training
- Risking Connection 101 Training
- Restorative Approach Training (for group care settings)

Engagement and Planning
- Meeting with Executive Leadership and Board of Directors
- Formation of TIC Task Force

Training and Consultation
Whole-System Change Model to TIC

- Risking Connection and Other Trainings
- TRAUMA Informed Care

0 - 2 Months
- Initial Staff Training
- Follow-Up Coaching

1 - 16 Months
- TIC Implementation Plan
- It’s Work Coaching Calls on Implementation with TIC Task Force

4 Months
- Risking Connection Trainer Certification/Professional Development

0 - 18 Months
- 4 In-Person System-Specific Trainings Annually
- 4 Trainer Webinars Annually
- Trainer Certification/Professional Development

Research/Program Evaluation
TIC measurement development
TIC assessment consultation

Why Measure Trauma-Informed Care?
Why Measure Trauma-Informed Care

- To assess readiness for TIC change process
- To determine if TIC change efforts are showing progress
- To know if a particular intervention has a positive impact.
- To maintain or accelerate the change process
- To build empirical evidence to support TIC and the TIC field

Barriers to TIC Measurement

- Vague operational definition
- No widely agreed upon method for implementation
- Majority of work on TIC not empirical
- Few validated measurement tools

Yet field is rapidly growing....

What To Measure?
Levels of Outcomes

Bronfenbrenner, 1979

Examples of Outcomes at Each Level

Types of Outcomes

How trauma-informed is the system?

Does being trauma-informed impact the quality of the services or system?

Does the quality of the services or system make people better off?
Types of Outcomes

How trauma-informed is the system?

• Professional attitudes toward TIC (ARTIC Scale)
• Sanctuary certification criteria
• Presence of TIC implementation actions
• Presence of TIC policy and regulations

Does being trauma-informed impact the quality of the services or system?

• Number of out-of-school suspensions
• Fewer police calls
• Less staff turnover

Does the quality of the services or system make people better off?

• Lower school dropout rates
• Reduced PTSD symptoms
• Fewer staff injuries

How to Measure Trauma-Informed Care

TIC Measurement Tools

• Very few validated measurement tools
• Many TIC organizational self-assessment tools (none validated)
• 3 Validated Measures Currently
  – Attitudes Related to Trauma-Informed Care (ARTIC) Scale
  – TICOMETER
  – Trauma Informed Practice (TIP) Scale (for domestic violence sector)
Gaps in TIC Field

Trauma-informed care (TIC) exploding BUT...

- TIC becoming buzzword with vague definition and few concrete ways to operationalize
- Limited empirical evidence
- Few objective tools to measure the concept
- Research tools and designs expensive and impractical

How the ARTIC Fills the Gaps

- Reflects and synthesizes the current theoretical and empirical knowledge of TIC
- Psychometrically validated
- Professional attitudes easier to measure
- User-friendly to administer
- Push TIC field toward more data-driven decision making

Theory Underlying the ARTIC

In overarching system that fosters and supports TIC

Moment-to-moment staff behavior with clients/students

Positive outcomes for clients/students, staff, system
**ARTIC Subscales: 5 Main Subscales**

1. **Subscale 1. Underlying cause of problem behavior/symptoms**
   Beliefs about behavior/sxs as adaptive and malleable vs. behavior/sxs as intentional and fixed.

2. **Subscale 2. Responses to problem behavior**
   Beliefs about importance of relationships, flexibility, kindness as agents of change vs. rules, consequences, accountability as agents of change.

3. **Subscale 3. On-the-job behavior**
   Beliefs about importance of empathy-focused staff behavior vs. control focused staff behavior.

4. **Subscale 4. Self-efficacy**
   Beliefs about one’s ability to meet the demands of working with a traumatized population vs. inability to meet the demands.

5. **Subscale 5. Reactions to the work**
   Beliefs about acceptance of the effects of secondary trauma and coping by seeking support vs. minimizing the effects of secondary trauma and coping by hiding or ignoring the impact.

**ARTIC Subscales: Supplementary Subscales**

6. **Subscale 6. Personal support of TIC**
   Beliefs about being supportive of and confident about implementation of TIC vs. concerned about implementing TIC.

7. **Subscale 7. System-wide support for TIC**
   Beliefs about system-wide support for TIC vs. not feeling supported by colleagues, supervisors, and administrators to implement TIC.

**Versions of the ARTIC**

**Human Services**
- ARTIC-45
- ARTIC-35 (Paper and Pencil Version Only)
- ARTIC-10 (Short form)

**Education**
- ARTIC-45
- ARTIC-35 (Paper and Pencil Version Only)
- ARTIC-10 (Short form)
What questions can the ARTIC answer?

• Did our interventions to implement TIC lead to change?
• Has the change been sustained over time?
• What domains of attitudes (sub-scales) are strongest and weakest?
• Which job roles or programs need additional training or supervision related to TIC?
• How can we tweak our intervention based on the data?

Two Ways to Administer the ARTIC

1. Paper-and-Pencil Version

2. ARTIC Online Platform

Scope of ARTIC Use

• 242 entities have obtained the ARTIC
• K-12 schools, behavioral health, university-based researchers, juvenile justice, police, religious organizations, medical facilities
• Entities from most US states and numerous Canada provinces
• UK, Ireland, Australia, Japan, Sweden, Philippines, Jamaica, Malta, Iran
ARTIC Online Platform

ARTIC Online Platform Benefits

• Online administration for convenience
• User-friendly way to know if your organization or system is progressing toward TIC
• Saves time and money entering and managing data
• Automation especially supports those that lack data expertise
• Helps you determine where to target limited resources to implement TIC
• Builds momentum for TIC change in system

ARTIC Online Platform Features

• Online survey administration – computer, phone, tablet
• Multiple time points, for three years
• Fully automated data management and analysis
• Dashboard reports for individual staff
• Dashboard reports for organization or system
• Multiple languages
TSI Website Tour

https://traumaticstressinstitute.org

Live Demo:
ARTIC Scale Online Survey

ARTIC Online Reports
• For Organizations and Systems
  – Core Report with graphs and implementation recommendations
  – Option to review graphs of other variables

![ARTIC Online Reports Chart]
ARTIC Online Reports

• For Individual Staff
  – Graphs and with recommendations and resources
  – Comparison to agency average

Packages and Pricing

Questions???
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